



Delco Moraine NDH

Inter-Organization

EPA Region 5 Records Ctr.



368957

Subject: 1991 NON-HAZARDOUS WASTE SHIPMENTS
WISCONSIN BOULEVARD FACILITY

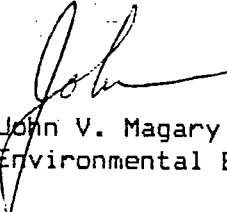
From: J. Magary

Date: 09-JAN-92

Attention: W. Baker C-95

cc: A. Wright A-31

As you requested, the year-end totals of non-hazardous waste shipments from the Wisconsin Boulevard Facility are given in the table below. The information was compiled from Salvage Department Environmental Manifests. Volume units are cubic yards. Please let me know if you need more information.


John V. Magary
Environmental Engineering

I. Pinnacle Road Landfill

	3	
flyash	2280 yd	76 trips
friction paper	420	14
metallic dust	2850	95
metallic solids	3720	124
asbestos dust/solids	1170	39
plater scrap	60	2

II. South Dayton Dump

	3	
scrap wood	3150 yd	105 trips
dirt, concrete	570	19

III. South Incinerator

	3	
general trash	5922 yd	141 trips

WP1.nonhaz91



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	1.1	1000 lbs	Box	Simulated
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME			STATE I.D. NO.	
ADDRESS			PURCHASE ORDER	
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name	Phone	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	STATE	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77933

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
NON HAZ		NET WT. _____		
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>		TRAILER NO. _____ TRACTOR NO. _____		
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED: <u>1-7-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY _____ STATE _____ ZIP _____		PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY _____		JOB I.D. NO. _____		PHONE _____
ADDRESS <u>SAME</u>		CITY _____ STATE _____ ZIP _____		PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		PHONE _____
ADDRESS _____		CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP _____		PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE RETURN TO GENERATOR CANARY ISPF COPY PINK TRANSPORTER COPY GOLD GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 11932

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>SCRAP WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>1-9-92</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____	STATE I.D. NO. _____	
ADDRESS _____	PURCHASE ORDER _____	
CITY _____	STATE _____	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>
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TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY _____	STATE I.D. CODE _____
ADDRESS <u>SAHME</u>	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
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TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP _____	PHONE _____

This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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WHITE RETURN TO GENERATOR CANARY TSPF COPY PINK TRANSPORTER COPY GOLD GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 111915

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>CONCRETE + DIRT</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>1-14-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS	CITY _____ STATE _____ ZIP _____ PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY	STATE I.D. CODE _____		
ADDRESS	JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature	Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature	Print Name	Date	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 77952

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		415 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YOS	BOX	SCRIP? WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-16-92</u>		EPA IDENTIFICATION CODE NO.
COMPANY NAME		STATE I.D. NO.		PURCHASE ORDER
ADDRESS		CITY		PHONE
CITY		STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6396</u>
TRANSPORTER		EPA IDENTIFICATION NO.		STATE I.D. CODE
COMPANY		JOB I.D. NO.		PHONE
ADDRESS		CITY		PHONE
CITY		STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		STATE I.D. NO.
COMPANY <u>SOUTH DARTON DUMP</u>		JOB NO.		PHONE
ADDRESS		CITY		PHONE
CITY <u>DARTON</u>		STATE <u>OHIO</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date

WHITE RETURN TO GENERATOR CANARY TSPF COPY PINK TRANSPORTER COPY GOLD GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 117957

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
NON HAZ		NET WT. _____		
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>		TRAILER NO. _____ TRACTOR NO. _____		
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1-21-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS		CITY		PHONE _____
STATE		ZIP		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY		JOB I.D. NO. _____		PHONE _____
ADDRESS		CITY		
STATE		ZIP		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/ DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		PHONE _____
ADDRESS		CITY <u>DAYTON</u>		
STATE <u>OHIO</u>		ZIP _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE RETURN TO GENERATOR CANARY TYPE COPY PINK TRANSPORTER COPY GOLD GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 177972

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: Wayne Watson	
NET WT. _____	
TRAILER NO. _____ TRACTOR NO. _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) QUANT

ADDITIONAL INFORMATION

CERTIFICATION
GENERATOR DATE SHIPPED 1-25-92 EPA IDENTIFICATION CODE NO. _____
COMPANY NAME STATE I.D. NO. _____
ADDRESS PURCHASE ORDER _____
CITY STATE ZIP PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson	Print Name WAYNE WATSON	Phone 455-1591
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TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY STATE I.D. CODE _____
ADDRESS JOB I.D. NO. _____
CITY STATE ZIP PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
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TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON OHNP STATE I.D. NO. _____
ADDRESS JOB NO. _____
CITY DAYTON STATE OH ZIP PHONE _____

This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep binary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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WHITE RETURN TO GENERATOR BINARY TSPF COPY PINK TRANSPORTER COPY GOLD GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 77973

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
NON HAZ		NET WT. _____		
IN CASE OF EMERGENCY, NOTIFY: _____		TRAILER NO. _____ TRACTOR NO. _____		
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) DUMP				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED 1-28-92		EPA IDENTIFICATION CODE NO.
COMPANY NAME		STATE I.D. NO.		PURCHASE ORDER
ADDRESS		CITY		PHONE
CITY		STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature Wayne Watson		Print Name WAYNE WATSON		Phone 455-6591
TRANSPORTER		EPA IDENTIFICATION NO.		STATE I.D. CODE
COMPANY		JOB I.D. NO.		PHONE
ADDRESS		CITY		PHONE
CITY		STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		STATE I.D. NO.
COMPANY SOUTH DANTON WASTE TREATMENT		JOB NO.		PHONE
ADDRESS		CITY		PHONE
CITY DANTON		STATE OHIO		PHONE
This is to certify completion of treatment, storage, stabilization or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Phone

WHITE RETURN TO GENERATOR CANARY 1895 COPY PINK TRANSPORTER COPY GOLD GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 717973

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-30-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY _____		PHONE _____
CITY _____		STATE _____		ZIP _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY _____		JOB I.D. NO. _____		PHONE _____
ADDRESS _____		CITY _____		STATE _____
CITY _____		STATE _____		ZIP _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		PHONE _____
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____
This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE RETURN TO GENERATOR CANARY-USE COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV. 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. **17984**

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY <i>Wayne Watson</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) QUIMP				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED 1-31-92		EPA IDENTIFICATION CODE NO.
COMPANY NAME				STATE I.D. NO.
ADDRESS				PURCHASE ORDER
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>Wayne Watson</i>		Print Name WAYNE WATSON		Phone 455-6391
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY SOUTH WATSON QUIMP		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY WATSON	STATE OHIO	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date

WHITE RETURN TO GENERATOR CANARY TSPF COPY PINK TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 17792

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				H5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
North 1/2					
IN CASE OF EMERGENCY, NOTIFY: <u>Almer</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	North 1/2	Box	Box	Scrap Wood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-92</u>		EPA IDENTIFICATION CODE NO. <u>010000021361</u>	
COMPANY NAME <u>D. C. M. Co.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1120 W. 1st St.</u>		CITY <u>Dallas</u>		PHONE _____	
STATE <u>TX</u>		ZIP <u>75241</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Charles W. ...</u>		Print Name <u>Charles W. ...</u>		Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAIC</u>		JOB I.D. NO. _____		PHONE _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>San Diego ...</u>		JOB NO. _____		PHONE _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE <u>CA</u>		ZIP _____		PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep a true copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE RETURN TO GENERATOR GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 72002

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		*5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-12-92</u>		EPA IDENTIFICATION CODE NO.
COMPANY NAME		STATE I.D. NO.		PURCHASE ORDER
ADDRESS		CITY		STATE
CITY		ZIP		PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO.		STATE I.D. CODE
COMPANY		JOB I.D. NO.		PHONE
ADDRESS		CITY		STATE
CITY		ZIP		PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name		Date Received
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		STATE I.D. NO.
COMPANY <u>SOUTH DARTON DUMP</u>		JOB NO.		PHONE
ADDRESS		CITY		STATE
CITY		ZIP		PHONE
This is to certify completion of treatment, or reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name		Date

WHITE RETURN TO GENERATOR CANARY/TSP COPY PINK TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV. 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17777

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	PDX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>2-7-92</u>		EPA IDENTIFICATION CODE NO.	
COMPANY NAME				STATE I.D. NO.	
ADDRESS				PURCHASE ORDER	
CITY	STATE	ZIP	PHONE		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO.			
COMPANY		STATE I.D. CODE			
ADDRESS		JOB I.D. NO.			
CITY	STATE	ZIP	PHONE		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature		Print Name		Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO.			
ADDRESS		JOB NO.			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP	PHONE		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature		Print Name		Date	

WHITE RETURN TO GENERATOR CANARY (SP) COPY PINK (TRANSPORTER) COPY GOLD (GENERATOR)



DM 2871 REV. 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATERIAL

NO. 112243

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>		NET WT. _____		
		TRAILER NO. _____ TRACTOR NO. _____		
SHIPPING INFORMATION				
DOT SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>2-13-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME				STATE I.D. NO. _____
ADDRESS				PURCHASE ORDER _____
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 720778

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Delco Moraine</u>	
	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION

CERTIFICATION

GENERATOR	DATE SHIPPED <u>2-14-92</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____	STATE I.D. NO. _____	
ADDRESS _____	PURCHASE ORDER _____	
CITY _____	STATE _____	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>[Signature]</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>
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TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY _____	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
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TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DARTON PUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DARTON</u>	STATE <u>OHIO</u>
	ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 714017

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<u>#5</u>
<u>NON HAZ</u>	NET WT. _____
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>CONCRETE & DIRT</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify)	<u>OWNER</u>

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>2-18-92</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME	STATE I.D. NO. _____	
ADDRESS	PURCHASE ORDER _____	
CITY	STATE _____ ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.		
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>435-2391</u>

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	STATE I.D. CODE _____
ADDRESS	JOB I.D. NO. _____
CITY	STATE _____ ZIP _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DUTCH DUMP</u>	STATE I.D. NO. _____
ADDRESS	JOB NO. _____
CITY <u>WINSTON</u>	STATE <u>IND</u> ZIP _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____

WHITE RETURN TO GENERATOR CANARY/SPE COPY PINK TRANSPORTER COPY GOLD GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. 72018

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	
NET WT. _____	
TRAILER NO. _____ TRACTOR NO. _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>SCRAP WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify)	<u>DUMP</u>

ADDITIONAL INFORMATION

CERTIFICATION

GENERATOR	DATE SHIPPED <u>2-19-92</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME	STATE I.D. NO. _____	
ADDRESS	PURCHASE ORDER _____	
CITY	STATE _____	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY	STATE I.D. CODE _____	
ADDRESS	JOB I.D. NO. _____	
CITY	STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____	Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DARTON DUMP</u>	STATE I.D. NO. _____	
ADDRESS	JOB NO. _____	
CITY <u>DARTON</u>	STATE <u>OHIO</u>	ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____	Print Name _____	Date _____
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WHITE RETURN TO GENERATOR CANARY (EPA COPY) PINK (TRANSPORTER COPY) GOLD (GENERATOR)



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL

NO. **72023**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <i>Wayne Watson</i>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input checked="" type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) DUMP				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED 2-21-92	EPA IDENTIFICATION CODE NO.	
COMPANY NAME			STATE I.D. NO.	
ADDRESS			PURCHASE ORDER	
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <i>Wayne Watson</i>		Print Name WAYNE WATSON	Phone 455-1391	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY SOUTH WINTON DUMP		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY WINTON	STATE OHIO	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep green copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE RETURN TO GENERATOR YELLOW TSPS COPY PINK TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 13048

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-6-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____				STATE I.D. NO. _____
ADDRESS _____				PURCHASE ORDER _____
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12049

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			# <u>5</u>	
NON HAZ			NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: _____			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR _____		DATE SHIPPED <u>3-6-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER _____		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY _____		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12055

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			# <u>5</u> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>NON HAZ</u>				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>SCRIP WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-11-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-2391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12067

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		-#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-17-93</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____				STATE I.D. NO. _____
ADDRESS _____				PURCHASE ORDER _____
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAITE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12072

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>3-19-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY <u>SPRING</u>		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12086

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. TRACTOR NO.	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>3-27-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAHLE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12092

EMERGENCY INFORMATION					SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION					#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ						
IN CASE OF EMERGENCY, NOTIFY: Wayne Watson						
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
	NON HAZ	30 YOS	BOX	SCRAP WOOD		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) DUMP						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED 3-31-92		EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME				STATE I.D. NO. _____		
ADDRESS				PURCHASE ORDER _____		
CITY		STATE		ZIP		PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature Wayne Watson		Print Name WAYNE WATSON		Phone 455-6391		
TRANSPORTER				EPA IDENTIFICATION NO. _____		
COMPANY				STATE I.D. CODE _____		
ADDRESS		SAME		JOB I.D. NO. _____		
CITY		STATE		ZIP		PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature		Print Name		Date Received		
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____		
COMPANY SOUTH DAYTON DUMP				STATE I.D. NO. _____		
ADDRESS				JOB NO. _____		
CITY DAYTON		STATE OHIO		ZIP		PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature		Print Name		Date		

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 12099

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align:center">NON HAZ</div> IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>			# 9 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-3-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6351</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 102

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	30 YDAS	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-5-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____				STATE I.D. NO. _____
ADDRESS _____				PURCHASE ORDER _____
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAFIE</u>		JOB I.D. NO. _____		
CITY _____		ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00110

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: Wayne Watson				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-8-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6371</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1118

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 1.2em;">NON HAZ</div> IN CASE OF EMERGENCY, NOTIFY <u>614-291-1234</u>			#15 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-7-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER <input checked="" type="checkbox"/>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAHLE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1119

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; text-align: center;">#2</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>4-15-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SH/IE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 137

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. TRACTOR NO.		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>4-28-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SHALE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1132

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	
	NET WT. _____
	TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>4-28-92</u>	EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____	STATE I.D. NO. _____	
ADDRESS _____	PURCHASE ORDER _____	
CITY _____	STATE _____	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Wayne Watson Print Name WAYNE WATSON Phone 455-6391

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAVE</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11/12

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: Meow

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	No. 1112	304ps	Box	Scrap Wood

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 4/30/92 EPA IDENTIFICATION CODE NO. 0KDD020921541
 COMPANY NAME Delco Moraine STATE I.D. NO. _____
 ADDRESS 1420 WISCONSIN BLVD PURCHASE ORDER _____
 CITY Dayton STATE OHIO ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature David New Print Name DAVID NEW Phone 455-6391

TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY STATE I.D. CODE _____
 ADDRESS SAF JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY South Dayton Landfill STATE I.D. NO. _____
 ADDRESS _____ JOB NO. _____
 CITY Dayton STATE OHIO ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep yellow copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____

WHITE RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 001176

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
IN CASE OF EMERGENCY, NOTIFY: <u> New </u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>160412</u>	<u>30 pps</u>	<u>Box</u>	<u>Scrubber</u>

MATERIAL DISPOSITION			
<input checked="" type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>5-1-92</u>	EPA IDENTIFICATION CODE NO. <u>042060928361</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____	
ADDRESS <u>1420 WILSON BLVD</u>	PURCHASE ORDER _____	
CITY <u>Durham</u>	STATE <u>NC</u>	ZIP _____ PHONE _____

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name DAN NEU Phone 452-0541

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	STATE I.D. CODE _____
ADDRESS <u>SPR</u>	JOB I.D. NO. _____
CITY _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name _____ Date Received _____

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>South Durham</u>	STATE I.D. NO. _____
ADDRESS _____	JOB NO. _____
CITY <u>Durham</u>	ZIP _____ PHONE _____

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 71110

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME			STATE I.D. NO.	
ADDRESS			PURCHASE ORDER	
CITY	STATE	ZIP	PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name	Phone	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	STATE	ZIP	PHONE	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 157

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: right;">NET WT. _____</div> <div style="text-align: right;">TRAILER NO. TRACTOR NO.</div>		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Non-Haz	200 lbs	Box	Scrap Metal
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-5-92</u>		EPA IDENTIFICATION CODE NO. <u>OR0000221567</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>1400 W. 10th St. (Bldg)</u>		PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48201</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Daryl W. A.</u>		Phone <u>432-1341</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>State</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>State Dept. of Env. & Nat. Resources</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00157

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Non-Haz	30 yds	Box	Flammable

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-8-92</u>	EPA IDENTIFICATION CODE NO. <u>04016921561</u>	
COMPANY NAME <u>Delco Moraine</u>	STATE I.D. NO. _____		
ADDRESS <u>1700 DISCUBUS BLVD</u>	PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48210</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>D. J. N. K.</u>	Phone <u>313-6391</u>	
TRANSPORTER			
COMPANY		EPA IDENTIFICATION NO. _____	
ADDRESS		STATE I.D. CODE _____	
CITY		JOB I.D. NO. _____	
STATE		ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY			
COMPANY <u>Waste Disposal Landfill</u>		EPA IDENTIFICATION CODE NO. _____	
ADDRESS		STATE I.D. NO. _____	
CITY		JOB NO. _____	
STATE		ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep tanary copy for your records. For and white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00000

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	1.016	370	Box	Concrete, J.

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR		DATE SHIPPED <u>5-9-92</u>	EPA IDENTIFICATION CODE NO. <u>OKD521191</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____	
ADDRESS <u>1000 W. K. ST.</u>		PURCHASE ORDER _____	
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48201</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>		Print Name <u>David N. [Signature]</u>	Phone <u>313-641-641</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY _____		STATE I.D. CODE _____	
ADDRESS _____		JOB I.D. NO. _____	
CITY <u>Detroit</u>	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____		Print Name _____	Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>Delco Moraine</u>		STATE I.D. NO. _____	
ADDRESS _____		JOB NO. _____	
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____		Print Name _____	Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000000

EMERGENCY INFORMATION			SCALE INFORMATION			
IMMEDIATE RESPONSE INFORMATION IN CASE OF EMERGENCY, NOTIFY: <u> </u>			<div style="text-align: center;"> NET WT. _____ TRAILER NO. TRACTOR NO. _____ </div>			
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
	<u>162</u>	<u>30 yds</u>	<u>Box</u>	<u>Trunk - 162</u>		
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>5-9-82</u>	EPA IDENTIFICATION CODE NO. <u>0000000000</u>			
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____				
ADDRESS <u> </u>		PURCHASE ORDER _____				
CITY <u> </u>	STATE <u>OHIO</u>	ZIP <u>43001</u>	PHONE _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u> </u>		Print Name <u> </u>	Phone <u> </u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY		STATE I.D. CODE _____				
ADDRESS		JOB I.D. NO. _____				
CITY	STATE	ZIP	PHONE			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature		Print Name	Date Received			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY		STATE I.D. NO. _____				
ADDRESS		JOB NO. _____				
CITY	STATE	ZIP	PHONE			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signatures		Print Name	Date			



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00762

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Non-haz	3 yds	Box	Crushed Soil

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>2-9-92</u>	EPA IDENTIFICATION CODE NO. <u>MD0000</u>	
COMPANY NAME <u>Dredge</u>	STATE I.D. NO. _____		
ADDRESS <u>1000 W. 1st St.</u>	PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48201</u>	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>Dredge</u>	Phone <u>[Number]</u>	
TRANSPORTER			
EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY _____		JOB I.D. NO. _____	
ADDRESS <u>[Address]</u>		ZIP _____ PHONE _____	
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY			
EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY _____		JOB NO. _____	
ADDRESS _____		ZIP _____ PHONE _____	
CITY _____	STATE <u>OH</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



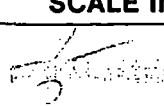
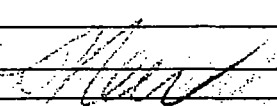
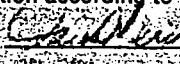
Delco Moraine

DM 2871 REV. 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1113

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: 				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>30 pps</u>	<u>Box</u>	<u>Circular Silt</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-9-93</u>	EPA IDENTIFICATION CODE NO. <u>QK2500921-01</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>1400 W. Main St.</u>		PURCHASE ORDER _____		
CITY <u>Dubuque</u>	STATE <u>IA</u>	ZIP <u>52001</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature 		Print Name <u>David New</u>		Phone <u>452-2911</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>S.D. & D. Co.</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dubuque</u>	STATE <u>IA</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1115

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>5-9-92</u>	EPA IDENTIFICATION CODE NO. <u>01-200421841</u>	
COMPANY NAME <u>Delco Moraine</u>	STATE I.D. NO. _____		
ADDRESS <u>1200 E. 1st St. Bldg</u>	PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OH</u>	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>David H. Co</u>	Phone <u>763-289-7</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY	STATE I.D. CODE _____		
ADDRESS <u>SAF</u>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>Waste Transfer Station</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OH</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulation. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11006921

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">45</div> NET WT. _____ TRAILER NO. TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	36yd	Box	Crushed Dirt	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-9-92</u>		EPA IDENTIFICATION CODE NO. <u>11006921</u>	
COMPANY NAME <u>Delco Moraine</u>				STATE I.D. NO. _____	
ADDRESS <u>1-2001568-200 P.O.</u>				PURCHASE ORDER _____	
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>J. J. D. [Signature]</u>		Phone <u>415-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS <u>[Signature]</u>		JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00172

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-13-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____				STATE I.D. NO. _____
ADDRESS _____				PURCHASE ORDER _____
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAHLE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 182

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5		
NON HAZ		NET WT. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>		TRAILER NO. _____ TRACTOR NO. _____		
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-19-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY _____		ADDRESS _____		JOB I.D. NO. _____
CITY <u>SAFIE</u>		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS _____		JOB NO. _____
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-85PF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1124

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p># <u>5</u></p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>	
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>5-20-92</u> EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____	STATE I.D. NO. _____
ADDRESS _____	PURCHASE ORDER _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u> Phone <u>455-6391</u>
TRANSPORTER	
COMPANY _____	EPA IDENTIFICATION NO. _____
ADDRESS _____	STATE I.D. CODE _____
CITY <u>SAINT</u> STATE _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	
COMPANY <u>SOUTH DAYTON DUMP</u>	EPA IDENTIFICATION CODE NO. _____
ADDRESS _____	STATE I.D. NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	JOB NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1971

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-27-92</u> EPA IDENTIFICATION CODE NO. _____		
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAFME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1197

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5 NET WT. _____ TRAILER NO. TRACTOR NO.	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-29-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>453-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAHIE</u>		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 201

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-2-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____				STATE I.D. NO. _____
ADDRESS _____				PURCHASE ORDER _____
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAFIE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/ DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 205

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-3-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>DAYTON</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 209

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	
NET WT. _____	
TRAILER NO. _____ TRACTOR NO. _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	3040S	BOX	CONCRETE + DIRT

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-6-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>453-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <u>SAME</u>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 2113

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p># <u>5</u></p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
B.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE & DIRT

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-6-92</u>	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		STATE I.D. NO.	
ADDRESS		PURCHASE ORDER	
CITY	STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO.		
COMPANY	STATE I.D. CODE		
ADDRESS	JOB I.D. NO.		
CITY	STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered			
Signature	Print Name	Date Received	
TREATMENT/ DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.		
ADDRESS	JOB NO.		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature	Print Name	Date	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 212

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-6-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>BATH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 2/11

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; font-weight: bold;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-6-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-639</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 210

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY <u>W. Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIAT

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-6-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <u>SAME</u>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 214

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YOS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: 				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-9-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____
COMPANY _____		ADDRESS <u>SAME</u>		JOB I.D. NO. _____
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS _____		JOB NO. _____
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 218

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

**Delco Moraine**

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 220

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YOS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-11-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 224

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 1.5em;">NON HAZ</div>				#5	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-15-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY <u>SAFIE</u>		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 236

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>6-22-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAME</u>		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

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Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1238

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>NON HAZ</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>NON HAZ</u>	<u>30 YDS</u>	<u>BOX</u>	<u>SCRAP WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>6-24-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <u>SPATE</u>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 292

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-29-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>STATE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

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Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00245

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; font-weight: bold;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	ANY SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>6-30-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SANITARY</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

OM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 255

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="font-size: 2em; font-family: cursive;">#17</div> <div>NET WT. _____</div> <div>TRAILER NO. TRACTOR NO.</div>
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: W. Watson	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) DUMP

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED 7-14-92	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</small>			
Signature Wayne Watson	Print Name WAYNE WATSON	Phone 455-6391	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS SAME	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
<small>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</small>			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY SOUTH DAYTON DUMP	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY DAYTON	STATE OHIO	ZIP _____	PHONE _____
<small>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</small>			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 256

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				# 7 NET WT. _____ TRAILER NO. TRACTOR NO.	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-14-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>SAHLE</u>		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 253

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; margin-bottom: 20px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	36 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-16-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>STATE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 262

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input checked="" type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-17-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 265

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-22-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1266

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	# 5
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wagon 6-2655</u>	
NET WT. _____	
TRAILER NO. _____ TRACTOR NO. _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-21-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		
ADDRESS _____	PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name _____	Phone _____	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS <u>SAME</u>	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 271

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">#</div> NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	No. 142	30 yds	Box	SCAPWOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME			STATE I.D. NO.	
ADDRESS			PURCHASE ORDER	
CITY	STATE	ZIP	PHONE	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature		Print Name	Phone	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY	STATE	ZIP	PHONE	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY	STATE	ZIP	PHONE	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 0277

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#15 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NonHaz					
IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NonHaz	3040s Box		Scrap Wood Power Tools PMD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-5-92</u>		EPA IDENTIFICATION CODE NO. <u>61200692521</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 WISCONSIN BLVD</u>		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Shaw</u>		Print Name <u>DAVID NEW</u>		Phone <u>455-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY <u>Dayton</u>		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>39471 Dayton Waste</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000000

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right;">#5</div> NET WT. _____ TRAILER NO. TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	3000 lbs	Box	SCM2 (WAD)	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-10-92</u>		EPA IDENTIFICATION CODE NO. <u>DLA06ADT941</u>	
COMPANY NAME <u>Delco Chevrolet</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1400 WIS CONSUMERS BLVD</u>		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID M. C.</u>		Phone <u>555-567891</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFE</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Dayton Landfill</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>Dayton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 278

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div style="margin-bottom: 10px;">NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
IN CASE OF EMERGENCY, NOTIFY: D. New					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	30pp	Box	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED 8-6-92		EPA IDENTIFICATION CODE NO. 0000028561	
COMPANY NAME Yell CMSIS		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS 1470 WISCONSIN RD		CITY Dayton		STATE OHIO ZIP 45401 PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature David New		Print Name DAVID NEW		Phone 455-6391	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS SAME		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY 30TH DEPTN + INJIN		STATE I.D. NO. _____			
ADDRESS Dayton		JOB NO. _____			
CITY _____		STATE OHIO ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 0179

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: right;">#5</div> NET WT. _____ TRAILER NO. TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Green</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>34 yds</u>	<u>Box</u>	<u>Concrete Part</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-8-92</u>	EPA IDENTIFICATION CODE NO. <u>02066921161</u>	
COMPANY NAME <u>Delco</u>		STATE I.D. NO. _____		
ADDRESS <u>1-100 WILKINS BLVD</u>		PURCHASE ORDER _____		
CITY <u>Durham</u>	STATE <u>OHIO</u>	ZIP <u>43801</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>David N. [Signature]</u>	Phone <u>419 639 [Signature]</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Delco</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Durham</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 280

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: <u>Meu</u>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
	<u>Non-Haz</u>	<u>3000</u>	<u>Box</u>	<u>Chloroform</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>8-8-92</u>	EPA IDENTIFICATION CODE NO. <u>04060922141</u>				
COMPANY NAME <u>Dea CHASIS</u>		STATE I.D. NO. _____					
ADDRESS <u>1424 W. 1st St. Bldg</u>		PURCHASE ORDER _____					
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP <u>45401</u>	PHONE _____				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>David Neale</u>	Phone <u>455 6791</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY _____		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY <u>SPRING</u>	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name _____	Date Received _____				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SPRING DAYTON L&S</u>		STATE I.D. NO. _____					
ADDRESS _____		JOB NO. _____					
CITY <u>Dayton Ohio</u>	STATE <u>OH</u>	ZIP _____	PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00281

EMERGENCY INFORMATION			SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em; margin-bottom: 20px;">th</div> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>		
<div style="text-align: center; font-size: 1.5em;">North</div>					
<div style="text-align: center; font-size: 1.5em;">New</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	North	20 yds	Box	Concrete + Dirt	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-8-92</u>		EPA IDENTIFICATION CODE NO. <u>000060921521</u>	
COMPANY NAME <u>Delco Morris</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 W. EXHIBIT RD</u>		CITY <u>Dayton</u>		PHONE _____	
STATE <u>OHIO</u>		ZIP <u>45411</u>		PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Paul New</u>		Print Name <u>PAUL NEW</u>		Phone <u>435-6241</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS <u>SAF</u>		JOB I.D. NO. _____			
CITY _____		STATE _____		PHONE _____	
ZIP _____		PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTHERN DAYTON RADIO</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		PHONE _____	
ZIP _____		PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00002

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 10px;">#5</div> <div style="margin-bottom: 10px;">NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
<div style="text-align: center; font-size: 1.5em;">November 2</div>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<div style="text-align: center; font-size: 1.5em;">[Signature]</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Waste	212	Box	Concrete EDR	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-8-92</u>		EPA IDENTIFICATION CODE NO. <u>OH-D01032831</u>	
COMPANY NAME <u>Delco</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 Wisconsin Blvd</u>		CITY <u>Delphi</u>		STATE <u>OH</u> ZIP <u>45811</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID MEU</u>		Phone <u>455-6341</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS <u>Same</u>		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>South Dayton Landfill</u>		STATE I.D. NO. _____			
ADDRESS <u>Delphi</u>		JOB NO. _____			
CITY _____		STATE <u>OH</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000000

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED _____		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature: _____		Print Name: _____		Phone: _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY _____		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000005

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u> New </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>30 yds</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-10-92</u>	EPA IDENTIFICATION CODE NO. <u>OH2609841</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>1470 W. CONSUMERS BLVD</u>		PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>OH</u>	ZIP <u>48201</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>David New</u>	Phone <u>482-5134</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>STATE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Detroit Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Detroit</u>	STATE <u>OH</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 216

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Waste	304 lbs	Box	
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-18-92</u>		EPA IDENTIFICATION CODE NO. <u>04D00001501</u>
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>1111 WILSON BLVD</u>		PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48201</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>482-6291</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Safe Disposal Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 2 4 7

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	30175	Box	Scrap Wood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>5-15-92</u>		EPA IDENTIFICATION CODE NO. <u>04DD00921501</u>	
COMPANY NAME <u>DELCO CORP</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>14011 SCARLETT RD</u>		CITY <u>DETROIT</u>		STATE <u>MI</u> ZIP <u>48211</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>482-0791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFARI</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SAFARI LANDFILL</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS _____		CITY <u>DETROIT</u>		STATE <u>MI</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00000000

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p># <u>5</u></p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.2em;"><i>Non-Haz</i></p>				
<p style="text-align: center; font-size: 1.2em;"><i>Miller</i></p>				
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<i>Non-haz</i>	<i>30 pps</i>	<i>Box</i>	<i>Scrap Wood</i>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-15-92</u>	EPA IDENTIFICATION CODE NO. <u>OH0016921561</u>	
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>1450 WILSON RD</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>				
Signature <u>[Signature]</u>		Print Name <u>DAVID</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00297

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	30 yds	Box	Crushed Out	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-15-92</u>		EPA IDENTIFICATION CODE NO. <u>OH0010921561</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>174 W. W. CAMPBELL RD</u>				PURCHASE ORDER _____	
CITY <u>Delfon</u>		STATE <u>OHIO</u>		ZIP <u>45601</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>D. D. NEWELL</u>		Phone <u>4566391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS <u>St. Anne</u>		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH ATON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Delfon</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 0127

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center;">5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 2em;">Northz</div>					
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 1.5em;">[Signature]</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Northz	30pds	Box	Carbide Dust	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-16-92</u>		EPA IDENTIFICATION CODE NO. <u>0150609-2F561</u>	
COMPANY NAME <u>Delco CRANES</u>				STATE I.D. NO. _____	
ADDRESS <u>1420 W. CANAL RD</u>				PURCHASE ORDER _____	
CITY <u>Darien</u>		STATE <u>OHIO</u>		ZIP <u>45461</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEEL</u>		Phone <u>455-6321</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY <u>SAINT</u>		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>South Dayton Landfill</u>				STATE I.D. NO. _____	
ADDRESS		JOB NO. _____			
CITY <u>Dayton</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1112

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: right;">NET WT. _____</div> <div style="text-align: right;">TRAILER NO. TRACTOR NO.</div>		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Waste	200 lbs	Box	Concrete Dust
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		8-15-92	DLD060DT561	
ADDRESS		1400 WISCONSIN AVE	STATE I.D. NO.	
CITY		Dayton	PURCHASE ORDER	
STATE		OHIO	ZIP	
			PHONE	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature		Print Name	Phone	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		ZIP		
STATE		PHONE		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY		ZIP		
STATE		PHONE		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 11111

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Non-Haz	30 yds	Box	Concrete Grout
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>5-15-92</u>		EPA IDENTIFICATION CODE NO. <u>040201501</u>
COMPANY NAME <u>DELCO CLAS</u>		STATE I.D. NO. _____		
ADDRESS <u>42612 Canton Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>757-2391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>York-Diagon, Inc.</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00000

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: center; font-size: 2em;">#</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 1.5em;">Non-Haz</div>					
IN CASE OF EMERGENCY, NOTIFY: <div style="text-align: center; font-size: 1.5em;">New</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	Non-Haz	30 yds	Box	Crushed + Del	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-15-92</u>		EPA IDENTIFICATION CODE NO. <u>04D100921561</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>1420 Wisconsin Blvd</u>		CITY <u>Deerfield</u>		STATE <u>OHIO</u> ZIP <u>43001</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>David New</u>		Print Name <u>DAVID NEW</u>		Phone <u>415-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>Sharon Industrial Park</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>Deerfield</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 216

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Shaw</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>3000</u>	<u>Box</u>	<u>Cracked Oil</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-15-92</u>	EPA IDENTIFICATION CODE NO. <u>020809D8961</u>	
COMPANY NAME <u>Dr. C. C. Harris</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 W. 1st St. S.W.</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>David New</u>	Phone <u>454-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAPE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Shaw</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 203

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 20px;">#5</div> <div>NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-19-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____			
ADDRESS _____		PURCHASE ORDER _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAPE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 211

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="font-size: 2em; text-align: center;">#15</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____		CITY _____		PHONE _____
CITY _____		STATE _____		ZIP _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY <u>SAARF</u>		PHONE _____		
CITY _____		STATE _____		
CITY _____		ZIP _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		PHONE _____		
CITY _____		STATE <u>OHIO</u>		
CITY _____		ZIP _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 210

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; margin-bottom: 20px;">#5</div> <div style="margin-bottom: 10px;">NET WT. _____</div> <div>TRAILER NO. _____ TRACTOR NO. _____</div>	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____		PHONE _____	
STATE _____		ZIP _____			
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAFIE</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		PHONE _____			
STATE _____		ZIP _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		PHONE _____			
STATE <u>OHIO</u>		ZIP _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 209

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>W. Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY <u>SAME</u>		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 208

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>#5</p> <p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>STATE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 213

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				# 5	
NON HAZ				NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		JOB I.D. NO. _____		ZIP _____ PHONE _____	
ADDRESS _____		CITY _____ STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		JOB NO. _____		ZIP _____ PHONE _____	
ADDRESS _____		CITY <u>DAYTON</u>		STATE <u>OHIO</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 214

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	CONCRETE & DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY _____				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY <u>SAME</u>		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 215

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-22-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1218

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-24-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 223

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5	
NON HAZ			NET WT. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>			TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>OLMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-26-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____		ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>433-6791</u>
TRANSPORTER <input checked="" type="checkbox"/>		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>STATE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____ ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 227

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE & DIRT

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED: <u>8-29-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS _____	CITY _____ STATE _____ ZIP _____ PHONE _____		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY _____	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	ZIP _____ PHONE _____		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS _____	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP _____ PHONE _____		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 222

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE & DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-29-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-2391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SANIE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 229

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-29-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 230

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ					
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>8-29-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY _____				STATE I.D. CODE _____	
ADDRESS <u>SAME</u>				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 231

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="font-size: 2em; text-align: center;"># 5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-29-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY <u>SAARIE</u>		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 235

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<div style="font-size: 2em; text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
NON HAZ	
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) <u>DUMP</u>	

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-2-92</u>	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		STATE I.D. NO.	
ADDRESS		PURCHASE ORDER	
CITY	STATE	ZIP	PHONE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Wayne Watson</u>	Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER	EPA IDENTIFICATION NO.		
COMPANY	STATE I.D. CODE		
ADDRESS	JOB I.D. NO.		
CITY	STATE	ZIP	PHONE
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature	Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO.		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO.		
ADDRESS	JOB NO.		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP	PHONE
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature	Print Name	Date	



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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 270

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>Owner</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>30 yds</u>	<u>Box</u>	<u>Scrap Metal</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-8-92</u>		EPA IDENTIFICATION CODE NO. <u>PAH0010828561</u>
COMPANY NAME <u>DELCO MORANE</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 WILKINSON BLVD</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP <u>45419</u>	PHONE <u>455-6391</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEIL</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS		JOB I.D. NO. _____		
CITY	STATE	ZIP	PHONE	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 237

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 1.5em;">NON HAZ</div>				#5	
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	NON HAZ	30 YDS	BOX	SCRAP WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-9-92</u>		EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____				STATE I.D. NO. _____	
ADDRESS _____				PURCHASE ORDER _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY _____				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS _____				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 244

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	SCRAP WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-12-92</u>	EPA IDENTIFICATION CODE NO. _____	
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SAHIE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 000000

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	Non-Haz	30 pps	Box	SCREWWOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9/14/92</u>	EPA IDENTIFICATION CODE NO. <u>OHDA 628351</u>	
COMPANY NAME <u>DECO CHASSIS</u>		STATE I.D. NO. _____		
ADDRESS <u>1471113 CANS IN BLVD</u>		PURCHASE ORDER _____		
CITY <u>DARTON</u>	STATE <u>OHIO</u>	ZIP <u>455101</u>	PHONE <u>455-6391</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DW NEU</u>	Phone <u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY		STATE I.D. CODE _____		
ADDRESS <u>SAFE</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____	Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>Santa Rita Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DARTON</u>	STATE <u>OHIO</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

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DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 247

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: <u>Speed</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>Non-Haz</u>	<u>3000</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-14-92</u>		EPA IDENTIFICATION CODE NO. <u>0400060928-01</u>
COMPANY NAME <u>Delco Chassis</u>		STATE I.D. NO. _____		
ADDRESS <u>1420 Wisconsin Blvd</u>		PURCHASE ORDER _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP <u>48201</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NE</u>		Phone <u>4826391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Detroit Landfill</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>Detroit</u>	STATE <u>MI</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



GM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 1252

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<div style="text-align: right;">NET WT. _____</div> <div style="text-align: right;">TRAILER NO. _____ TRACTOR NO. _____</div>	
IN CASE OF EMERGENCY, NOTIFY: <i>Northaz</i>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	<i>Northaz</i>	<i>30px</i>	<i>Box</i>	<i>Scrub Wood</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>9-2-92</i>		EPA IDENTIFICATION CODE NO. <i>DEDD669D8401</i>	
COMPANY NAME <i>De-CO CTRIS</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>420 Wisconsin Blvd</i>		CITY <i>Detroit</i>		STATE <i>MI</i> ZIP <i>48201</i> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>David Neel</i>		Phone <i>4826291</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY		STATE I.D. CODE _____			
ADDRESS		JOB I.D. NO. _____			
CITY <i>Spartan</i>		STATE _____ ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DARTON LANDFILL</i>		STATE I.D. NO. _____			
ADDRESS <i>420 Wisconsin</i>		JOB NO. _____			
CITY <i>Detroit</i>		STATE <i>MI</i> ZIP _____ PHONE _____			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

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ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 258

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: center;">#5</div> NET WT. _____ TRAILER NO. TRACTOR NO.		
IN CASE OF EMERGENCY, NOTIFY: <u> </u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	<u>604</u>	<u>50 lbs</u>	<u>Box</u>	<u>Scrap Wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-21-92</u>		EPA IDENTIFICATION CODE NO. <u>PAID 0205361</u>
COMPANY NAME <u>DELCO MORRIS</u>		STATE I.D. NO. _____		
ADDRESS <u>120 WISCONSIN</u>		PURCHASE ORDER _____		
CITY <u>DETROIT</u>	STATE <u>MI</u>	ZIP _____	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>DAVID NEEL</u>		Phone <u>482-6791</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>S. AME</u>		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DETROIT LANDFILL</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DETROIT</u>	STATE <u>MI</u>	ZIP _____	PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

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DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 257

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">None</div>				<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 2em;">None</div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
	None	3000	Box	Serpwood	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>9-27-92</u>		EPA IDENTIFICATION CODE NO. <u>OK-D60215-1</u>	
COMPANY NAME <u>DECO CHASSIS</u>				STATE I.D. NO. _____	
ADDRESS <u>1430 WISCONSIN BLVD</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45401</u> PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>DAVID NEU</u>		Phone <u>455-6791</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____		PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name _____		Date Received _____	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON LANDFILL</u>		STATE I.D. NO. _____			
ADDRESS _____		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

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ENVIRONMENTAL MANIFEST

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 000

EMERGENCY INFORMATION		SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION		<div style="text-align: right;">NET WT. _____</div> <div style="text-align: right;">TRAILER NO. _____ TRACTOR NO. _____</div>				
<div style="text-align: center; font-size: 2em;">[Signature]</div>						
					IN CASE OF EMERGENCY, NOTIFY:	
					<div style="text-align: center; font-size: 2em;">[Signature]</div>	
SHIPPING INFORMATION						
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION		
	Non-Haz	Box	Box	Scrap Wood		
		3000				
MATERIAL DISPOSITION						
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____						
ADDITIONAL INFORMATION:						
CERTIFICATION						
GENERATOR		DATE SHIPPED <u>11-19-92</u>		EPA IDENTIFICATION CODE NO. <u>04D16092K61</u>		
COMPANY NAME <u>Deeco Mfg. Co.</u>		STATE I.D. NO. _____		PURCHASE ORDER _____		
ADDRESS <u>14100A SCARSDALE BLVD</u>		CITY <u>DEPTON</u>		STATE <u>OHIO</u> ZIP <u>44134</u> PHONE <u>419-639-1</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.						
Signature <u>[Signature]</u>		Print Name <u>Dan New</u>		Phone <u>419-639-1</u>		
TRANSPORTER		EPA IDENTIFICATION NO. _____				
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____				
ADDRESS _____		JOB I.D. NO. _____				
CITY _____		STATE _____ ZIP _____ PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.						
Signature _____		Print Name _____		Date Received _____		
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____				
COMPANY <u>Deeco Mfg. Co.</u>		STATE I.D. NO. _____				
ADDRESS _____		JOB NO. _____				
CITY <u>Depton</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.						
Signature _____		Print Name _____		Date _____		

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ENVIRONMENTAL MANIFEST

DM 2871 REV 11/80

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.NO. 305

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		#5 NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-23-92</u>		EPA IDENTIFICATION CODE NO. _____
COMPANY NAME _____		STATE I.D. NO. _____		
ADDRESS _____		PURCHASE ORDER _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name <u>WAYNE WATSON</u>		Phone <u>455-6391</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS <u>SALE</u>		JOB I.D. NO. _____		
CITY _____		STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name _____		Date Received _____
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS _____		JOB NO. _____		
CITY <u>DAYTON</u>		STATE <u>OHIO</u>	ZIP _____	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

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DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE-MATL.NO. 346

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<div style="text-align: center; font-size: 2em;">#5</div> NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
NON HAZ				
IN CASE OF EMERGENCY, NOTIFY: <u>Wayne Watson</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
	NON HAZ	30 YDS	BOX	CONCRETE + DIRT
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) <u>DUMP</u>				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED	EPA IDENTIFICATION CODE NO.	
COMPANY NAME		<u>1-6-95</u>		
ADDRESS			STATE I.D. NO.	
CITY			PURCHASE ORDER	
STATE			ZIP	
PHONE				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Wayne Watson</u>		Print Name	Phone	
		<u>WAYNE WATSON</u>	<u>455-6391</u>	
TRANSPORTER		EPA IDENTIFICATION NO.		
COMPANY		STATE I.D. CODE		
ADDRESS		JOB I.D. NO.		
CITY		ZIP		
STATE		PHONE		
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature		Print Name	Date Received	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO.		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO.		
ADDRESS		JOB NO.		
CITY		ZIP		
STATE		PHONE		
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature		Print Name	Date	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR